

## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accordate receives state reimbursement e  Due Date: All Routes	ven thougs:		ortees of another lega		utilize the se			Rate Per Mile \$1.36
County Name			County Number	Distr	rict Name			Legal Entity Number
Roosevelt			43	Fro	ntier Eleme	ntarv		0774
Route #	Length of	of Route	(miles per day)		Type of Service   Bus Route Milea			Rated Capacity
1	152			Rus	Route Mile	☐ Non Bus Milea	age	65
Vehicle I.D. #		cense #		<u> </u>	rict Owned	_	District Own	
7941 252					itract - If so, N itracted rate p	ame of Owner er mile		
Reimbursement Distribution- Er	nter the le	gal entity		tage of state	/county reimb		aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity		t match bud Lega	get! Il Entity		Legal Entit	v
0774					,			,
% 100.00		%		%	)		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY R (Grades PK-		Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/l riders)	Kindergarte	en						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder	lance garten rider	rs)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by							
Orginature - Orian, Board of Trustees							Date	
County This Application for Registration area assigned to it by the County	of Schoo	ol Bus and						
Signature - Chair, County Transport	ation Comn	mittee					Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	A. School di	strict official must o	complete one for	m for each bus ro	oute that	
receives state reimbursement e	ven though transp	portees of another legal e	entity may ut	ilize the services.		Rate Per	Mile	
Due Dates All Routes			county Suprober 1		<b>PI</b> per 15	\$1.15		
			1 5:			<u> </u>		
County Name		County Number	District	Name			tity Number	
Roosevelt Route #	Longth of Doute	43		er Elementary	Davita Milaana	0774 Rated Ca	an a situ	
Roule #	115.8	e (miles per day)	Type of	Service □ Bus □ Non	Bus Mileage		араспу	
2		1 '	toute Mileage		59			
Vehicle I.D. #		☐ District	: Owned ct - If so. Name of		t Owned			
8085	545			cted rate per mile				
Reimbursement Distribution- Er	nter the legal entit		e of state/co		nt to be paid to	each district. Not	e: Percentages	
Legal Entity	Legal Enti		Legal E		Leg	gal Entity		
0774								
% 100.00	%		%			%		
PASSENGER INFORMATION	70		70			70		
Number of Preschool/Kindergar	ten nunils	ELEMENTARY RIDE (Grades PK-8)	ERS		HOOL RIDERS ades 9-12)		TOTAL BLE RIDERS	
riding this route		(Glades 1 K-b)		(018	dC3 0-12)	LLIOI	DEE NIDENO	
		а			b		С	
Regular (include eligible Preschool/l	Cindergarten	NUMBER		N	UMBER		a + b	
riders)  1st Wheelchair (WC)	undorganton							
, ,								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	garteri fiders)							
TOTAL RIDERS								
N/a handa andif that this has a		- 4b 4c4c b lieb4 b4b	- Danad of To				and he do	
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify the us and bus route by meets the minimum	at this bus transports pupils of the State Superintendent; to standards as established by	eligible for schomake such root the Board of	nool transportation as eports to the State Su Public Education, the	defined by 20-10- uperintendent and Montana Highwa	101, MCA. County Superintend	dent as are	
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.	iciting or causing oth	ners to solicit students from o	other transpor	tation areas.		of state and county r	eimbursement for	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees  Date								
This Application for Registration area assigned to it by the Count	of School Bus ar ty Transportation						e transportation	
Signature - Chair, County Transport	ation Committee				Date			



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	d in accordance	o with Title	20.0	Shorter 10 Dort 1 MC	۸ ۵	shool die	triat official	must samplete	ana form for a	ash hua route that
				Chapter 10, Part 1, MCA ortees of another legal					one ionii ioi e	ach bus route that
	Dua Datasi			To (	٠			To OPI		Rate Per Mile
	Due Dates: All Routes				ober	nty Supt		October 15		\$0.95
County Name				County Number		District	Name			Legal Entity Number
Roosevelt				43		Popla	r Public S	Schools		0775 0776
Route #	L	_ength of F	Route (	(miles per day)		Type of Service ☐ Bus Route N				Rated Capacity
HANDICAP		23				Due D		□ Non Bus Mile	age	45
Vehicle I.D. #		Licens	se#			District	oute Mile		District Own	
								ame of Owner	DISTRICT OWN	lou
5442		190				Contra	cted rate pe	er mile		
Reimbursement Dis	stribution- Ente	r the legal	entity					irsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	I Entity		nater	n budget Legal E			Legal Entit	ty
0775				776		Ū	•			•
% 85.00		%	15.	00		%			%	
PASSENGER INFO	RMATION		T	ELEMENTARY RID	EDC		الل	GH SCHOOL RI	DEDC	TOTAL
Number of Prescho	ol/Kindergarte	n pupils		(Grades PK-8)	LNS		1111	Grades 9-12)		ELIGIBLE RIDERS
riding this route										
				а				b		С
Regular (include eligib	la Proschaal/Kin	udergarten		NUMBER				NUMBER		a + b
riders)	ile Freschool/Kill	luergarteri								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs	s (WC)									
Non-WC IEP Lists Tra	ns as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public School	ol Riders (i.e., un	der 3	1							
miles OR nonresident agreement)	and no attendan	ice								
(Include ineligible Pres		ten riders)								
·	ers (ineligible)									
TOTAL RIDERS										
We hereby certify the	hat this bus will o	perate entir	rely on t	the route established by th	ne Bo	ard of Tru	stees and wi	thin the transporta	tion area assign	ed and approved by the
				this bus transports pupils he State Superintendent; t						
required; to provide a	vehicle which me	eets the mini	imum s	tandards as established b	y the	Board of	Public Educa	tion, the Montana		
We also agree to re	efrain from solicit	ing or causi	ng othe	pproved driver to operate ers to solicit students from	other	transport	ation areas.			
We understand tha this bus route.	t violations of the	e laws, rules	or regu	ulations governing school	transp	portation	will be sufficie	ent cause for withh	olding of state a	nd county reimbursement for
We agree that if this	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by									
We understand rou	the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
	accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Boa	ird of Trustees								Date	
	County Tra	ansportati	on Co	mmittee Approval as	regu	uired in	accordanc	e with Section 2		CA.
	Registration of	f School B	us and	State Reimbursement						within the transportation
area assigned to it I Signature - Chair, Cou	<u> </u>			ommillee.					Date	
									1	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
<b>Due Date</b> : All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.15
County Name			County Number	District	Name		Legal Entity Number
Roosevelt			43	Popla	r Public Schools		0775 0776
Route #	Length	of Route	(miles per day)	Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity
5	71.6			Bus F	Route Mileage	aye	54
Vehicle I.D. #	Li	icense #		□ Distric		District Own	ed
1314 544					ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Enter the legal entity number and perconnection				e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity Legal Entity				Legal E		Legal Entity	у
0770	0775 0776						
% 75.00				%		%	
PASSENGER INFORMATION			ELEMENTARY RID	EDC	HIGH SCHOOL RI	IDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ls	(Grades PK-8)	EKO	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergart	ten	NOMBER		HOMBER		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	dance garten ride	ers)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	•					Date	
County This Application for Registration area assigned to it by the County	n of Scho	ool Bus and	d State Reimbursemen		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	ation Com	nmittee				Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

						•		
This form is required in accordance receives state reimbursement of the Due Date All Routes	even thou s:		portees of another legal e		ilize the services.		ach bus route that Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Roosevelt			43	Popla	r Public Schools		0775 0776	
Route #	Length of Route (miles per day)				Service   Bus Route M		Rated Capacity	
3 83					□ Non Bus Mile coute Mileage	eage	48	
Vehicle I.D. #	<u> </u>	icense #		□ District		District Own		
0659 453					ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- E	legal entity				paid to each dis	trict. Note: Percentages		
Legal Entity		Legal Enti		atch budget Legal E		Legal Entit	у	
0775		C	0776					
% 89.00		% 11	1.00	%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergariding this route	rten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		C	
Regular (include eligible Preschool/Kindergarten			NUIVIBER		NOWBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder		ers)						
Nonpublic School Riders (ineligible)	)							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees  Date								
-								
This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus ar	nd State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transport	tation Cor	mmittee				Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						e one form for e	
<b>Due Dates</b> All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Roosevelt			43		r Public Schools		0775 0776
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mil		Rated Capacity
Vehicle I.D. #	54	nse#		Ι '	Route Mileage	District Own	47
Vehicle I.D. # License # 5921 510					t Owned act - If so, Name of Owner acted rate per mile	District Own	
Reimbursement Distribution- En	iter the lega	al entity		e of state/co		paid to each dis	strict. Note: Percentages
Legal Entity Legal Entity 0775 0776			/	Legal E		Legal Entit	ty
% 54.00	(	% 46.	00	%		%	
PASSENGER INFORMATION		70 40.					
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER	•	c a+b
Regular (include eligible Preschool/Kindergarten riders)						•	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							-
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	jartori ilaoroj						
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	0				•	,	9
Signature - Chair, Board of Trustees			III I I I I I I I I I I I I I I I			Date	
County 1 This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transporta						Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

### Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 Legal Entity Number County Name County Number District Name Roosevelt Poplar Public Schools 0775 0776 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 47 58.3 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3133 347 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0775 0776 % % % 70.00 % 30.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							e form for ea	ach bus route that
receives state reimbursement e	ven tho	ugn transp	portees of another legal e	nility may u	unze the services	<b>5</b> .		Rate Per Mile
Due Date				ounty Sup		OPI		
All Routes	6		Octo	ber 1	Oc	tober 15	;	\$0.95
County Name			County Number	District	Name			Legal Entity Number
Roosevelt			43	Popla	r Public Scho	ools		0775 0776
Route #	Lengt	h of Route	(miles per day)	Type o	Type of Service □ Bus Route Mi			Rated Capacity
2	56.3			Rus F	<sub>N∈</sub> Route Mileage	on Bus Mileag	Э	47
Vehicle I.D. #	L	License #		□ Distric			trict Own	ed
3114 14				ct - If so, Name cted rate per mil				
Reimbursement Distribution- Er	nter the	legal entit				nent to be paid	to each dis	trict. Note: Percentages
Legal Entity		Legal Enti		atch budge Legal E			Legal Entity	
0775			)776	Legai L	inuty		Legal Little	,
% 82.00		% 18	3.00	%			%	
PASSENGER INFORMATION			ELEVENTA DI COLO		1 11011	2011001 5155		
Number of Preschool/Kindergar	rten pup	oils	ELEMENTARY RIDE (Grades PK-8)	ERS		SCHOOL RIDE Grades 9-12)	RS	TOTAL ELIGIBLE RIDERS
riding this route			(======================================		( -			
			a			b		C
Beetle (in later living Beetle 19	IZ: I	1	NUMBER			NUMBER		a + b
Regular (include eligible Preschool/l riders)	Kinderga	rten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended								
agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iers)						
TOTAL RIDERS								
TOTAL NIDENO								
We hereby certify that this bus w County Transportation Committee.								
We agree to supervision of this b	ous and b	ous route by	the State Superintendent; to	make such	eports to the State	Superintendent	and County S	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice							nway Patroi a	ind the State
We also agree to refrain from sol We understand that violations of						use for withhold	ing of state ar	nd county reimbursement for
this bus route.								
We agree that if this route crosse the school boards of both districts sl	hall be at	tached to th	ne county superintendent's co	opy of this do	cument.			. ,
We understand route changes of accordance with 20-10-132, MCA.	ccurring o	during the s	chool year require the filing of	of an amende	d TR-1 form and a	pproval of the Co	ounty Transpo	rtation Committee in
I certify that this application for								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date								
			ommittee Approval as					
This Application for Registration area assigned to it by the Coun				has been re	eviewed and I ce	rtify that this b	us operates	within the transportation
Signature - Chair, County Transport						[	Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with	Title 20,	Chapter 10, Part 1, MCA	. School dis	strict official must cor	mplete one form for e	ach bus route that
		agii ti dilop					Rate Per Mile
<b>Due Dates</b> All Routes				ounty Supt ber 1	t <b>To OPI</b> October	r 15	\$0.95
County Name			County Number	District	Name		Legal Entity Number
Roosevelt			43	Culbe	rtson Public Sch	ools	0777 0778
Route #	Length	of Route	(miles per day)		Service   Bus Ro	oute Mileage	Rated Capacity
1	62			Bus R	□ Non Bi oute Mileage	us Mileage	16
Vehicle I.D. #	L	icense #		□ District		Contractor	Owned
9626	C	C852			ct - If so, Name of Ov cted rate per mile	wner Arnie Iverso	op 
Reimbursement Distribution- En	iter the l	egal entity		of state/co		to be paid to each di	strict. Note: Percentages
Legal Entity	L	egal Entit	Ту	Legal E		Legal Enti	ty
0777		0	778				
% 65.00		% 35	5.00	%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergar	ten pupi	ls	ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
riding this route			(0.2200)		(3.33)	,	
			а			b	С
Regular (include eligible Preschool/h	Kindergar	ten	NUMBER		NUN	MBER	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderg		ore)					
Nonpublic School Riders (ineligible)	garten nat	513)					
TOTAL RIDERS							
We hereby certify that this bus wi	II onerate	entirely on	the route established by the	Board of Tru	stees and within the tra	insportation area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We furthe us and bu meets the	er certify that us route by e minimum	at this bus transports pupils of the State Superintendent; to standards as established by	ligible for sch make such r the Board of	nool transportation as de eports to the State Supe Public Education, the M	efined by 20-10-101, MC erintendent and County Iontana Highway Patrol	CA. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	iciting or o	causing oth	ers to solicit students from o	ther transport	tation areas.		and county reimbursement for
this bus route.  We agree that if this route crosse	s district	lines and tra	ansports students from outs	de the distric	t, a copy of the agreeme	ent between Boards, 20	-10-126(2) MCA, signed by
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.						al of the County Transp	ortation Committee in
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		-, and wit	are adrioportation so			Date	
This Application for Registration area assigned to it by the Count	of Scho	ool Bus an					
Signature - Chair, County Transporta						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.								one form for	
<b>Due Dates</b> All Routes				<b>Cou</b> tobe	nty Supt	t	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number		District	Name			Legal Entity Number
Roosevelt			43				olic Schools		0777 0778
Route #	Length of I	Route	(miles per day)		Type of		<ul><li>□ Bus Route M</li><li>□ Non Bus Mile</li></ul>		Rated Capacity
2 A	106.8	.,				oute Mile	eage		36
Vehicle I.D. # License #					District Contra		ame of Owner	Contractor Larry Hekk	
5619 C559					Contra	cted rate pe	er mile		
Reimbursement Distribution- Enter the legal entity number and p					f state/co h budget		ursement to be p		
Legal Entity 0777	Lega	I Entity 07	y 778		Legal E	ntity		Legal Ent	ity
% 70.00 % 30.00					%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)		5	Н	GH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а				b		C
Regular (include eligible Preschool/k	Kindergarten		NUMBER				NUMBER		a + b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	arteri ridera)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								CA. Superintendent as are land the State and county reimbursement for l-10-126(2) MCA, signed by cortation Committee in ledge and belief, and the	
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by a								
orginatoro orian, board or riustees		_						Date	
This Application for Registration area assigned to it by the Count	of School E y Transport	Bus and ation C							
Signature - Chair, County Transporta	ation Committ	ee						Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ex							e one form for e	each bus route that
<b>Due Dates</b> All Routes	s:		То		inty Sup			Rate Per Mile \$1.80
County Name			County Number		District	Name		Legal Entity Number
Roosevelt			43		Culhe	rtson Public Schools		0777 0778
Route #	Length	n of Rout	e (miles per day)			Service   Bus Route	Mileage	Rated Capacity
3A	140.6	3			Bus R	□ Non Bus Mi Route Mileage	leage	89
Vehicle I.D. #	L	icense #	1		District		Contractor	Owned
8611 C630						ct - If so, Name of Owner cted rate per mile	Larry Birch	
Reimbursement Distribution- Enter the legal entity n					f state/co		paid to each di	istrict. Note: Percentages
Legal Entity Legal Enti					Legal E		Legal Ent	ity
% 75.00 % 25.00			25.00		%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RII (Grades PK-8		S	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		C
Regular (include eligible Preschool/Kindergarten			NOMBER			NOMBER	Υ	a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								CA. Superintendent as are land the State and county reimbursement for 0-10-126(2) MCA, signed by contation Committee in ledge and belief, and the
This Application for Registration	of Scho	ool Bus a	and State Reimburseme			accordance with Section eviewed and I certify that t		
area assigned to it by the Count Signature - Chair, County Transporta			Committee.				Date	
• •							İ	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e		,						one form for e	
<b>Due Dates</b> All Routes				Cou ctobe	nty Supt	:	<b>To OPI</b> October 15		Rate Per Mile \$0.95
County Name			County Number		District	Name			Legal Entity Number
Roosevelt			43				lic Schools		0777 0778
Route #	Length of	Route	(miles per day)		Type of		Bus Route Mi Non Bus Mile		Rated Capacity
5 A Vehicle I.D. #	122.5					oute Milea	age		23
					District Contra		) me of Owner <b>I</b>	Contractor ( Duane Mar	
7129 D755					Contra	cted rate per	mile		
Reimbursement Distribution- Enter the legal entity number and					f state/co h budget		sement to be p	aid to each di	strict. Note: Percentages
Legal Entity 0777	Leg	al Entity 07			Legal E			Legal Enti	ty
% 50.00 % 50.00					%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RII (Grades PK-8		S	HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а				Ь		C
Regular (include eligible Preschool/k	Kindergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	garteri nuers)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by ortation Committee in	
bus operates on the route as ap	proved by							sportation Co	
Signature - Chair, Board of Trustees	·							Date	
County 1 This Application for Registration area assigned to it by the Count	of School	Bus and							
Signature - Chair, County Transporta	ation Commit	tee						Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.								mplete o	ne form for e	ach bus route that	
<b>Due Dates</b> All Routes	s:	J	•	To		inty Supt				Rate Per Mile \$0.95	
County Name				County Number		District	Name			Legal Entity Number	
Roosevelt				43			rtson Public Sch			0777 0778	
Route #	Lengt	th of Ro	oute (r	miles per day)		Type of	Service   Bus Ro  Non B			Rated Capacity	
5	119.					Bus R	oute Mileage		-	23	
Vehicle I.D. #		License	e #		<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Duane Martin</li> </ul>						
7129		D755			<ul> <li>Contract - If so, Name of Owner Duane Martin</li> <li>Contracted rate per mile</li> </ul>						
Reimbursement Distribution- En	nter the	legal e	ntity r			f state/co ch budget		to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0777		Legal E	Entity 07			Legal E			Legal Enti	ty	
% 50.00 % 50.00			10		%			%			
PASSENGER INFORMATION		70	00.0								
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RI (Grades PK-8		S	HIGH SCHO (Grado	OOL RID es 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER				c a + b		
Regular (include eligible Preschool/Kindergarten riders)				NOWBER			NOP	VIDER		аты	
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service	;									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend											
agreement) (Include ineligible Preschool/Kinderg	garten ric	ders)									
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees											
Countri	France	ortotic:	n Car	nmittoe Annueval -	10 VA-	ujrad is	accordance with Co	oction O	10 422 844	`^	
This Application for Registration area assigned to it by the Count	of Sch ty Trans	nool Bus sportati	s and on Co	State Reimburseme			accordance with Se eviewed and I certify		bus operates		
Signature - Chair, County Transporta	ation Co	mmittee							Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					one form for e	ach bus route that
	· ·		, ,			Rate Per Mile
<b>Due Date</b> All Routes			ounty Supt ber 1	t To OPI October 15		\$1.80
County Name		County Number	District	Name		Legal Entity Number
Roosevelt		43	Culbe	rtson Public Schools		0777 0778
Route #	Length of Rou	te (miles per day)		f Service   Bus Route Mi		Rated Capacity
3	133.6		Bus R	□ Non Bus Mile Route Mileage	age	89
Vehicle I.D. #	License	#	□ District	<u> </u>	Contractor (	Owned
8611	C630			ct - If so, Name of Owner cted rate per mile	Larry Birch	
Reimbursement Distribution- Er	nter the legal ent		e of state/co atch budget	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Er	ntity	Legal E		Legal Entit	ty
0777		0778				
% 75.00	%	25.00	%		%	
PASSENGER INFORMATION	/0	23.00	/0		/0	
Number of Preschool/Kindergar	ten nunile	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	Terr pupils	(Grades i N-6)		(Grades 5-12	-)	LEIGIBLE RIBERG
		a		b		C
Regular (include eligible Preschool/l	Cindergarten	NUMBER		NUMBER		a + b
riders)  1st Wheelchair (WC)	anderganen					
2nd Wheelchair (WC)						
, ,						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd						
Nonpublic School Riders (ineligible)	garteri fiders)					
TOTAL RIDERS						
N/a haraba andif Abad Abia basa			Deard of To			
We hereby certify that this bus windown Transportation Committee. We agree to supervision of this be required; to provide a vehicle which	We further certify to us and bus route b	that this bus transports pupils e by the State Superintendent; to	eligible for sch make such r	nool transportation as defined by eports to the State Superintend	y 20-10-101, MC ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causing o	others to solicit students from o	ther transpor	tation areas.		nd county reimbursement for
this bus route.  We agree that if this route crosse					een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.					County Transpo	ortation Committee in
I certify that this application for the bus operates on the route as application for the second seco						
Signature - Chair, Board of Trustees				<u> </u>	Date	
<del> </del>						
This Application for Registration area assigned to it by the Country	of School Bus	and State Reimbursement		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transport					Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ance with Title 20.	Chapter 10. Part 1. MCA	School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement e						Rate Per Mile
Due Date			ounty Supt			
All Routes	<b>3</b>	Octo	ber 1	October 15	; 	\$0.95
County Name		County Number	District	Name		Legal Entity Number
Roosevelt		43	Culbe	rtson Public Schools		0777 0778
Route #	Length of Route	(miles per day)	Type of	Service   Bus Route Mi  Non Bus Mile	•	Rated Capacity
4 A	196.8		Bus R	oute Mileage	age	48
Vehicle I.D. #	License #				Contractor C	
2793	B286			ct - If so, Name of Owner   cted rate per mile	Leo Waldha	usen
Reimbursement Distribution- Er	nter the legal entity				aid to each dis	trict. Note: Percentages
Legal Entity	Legal Enti		atch budget Legal E		Legal Entity	y
0777		7778		·		
% 75.00	% 25	5.00	%		%	
% 75.00  PASSENGER INFORMATION	70 25	5.00	70		70	
Number of Preschool/Kindergal	rten nunils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(5/4455)		(3.0000 7.2	-,	LEIGIBLE HIBERG
		a		b		C .
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,	under 3					
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
. ,						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee.						
We agree to supervision of this be required; to provide a vehicle which	ous and bus route by	the State Superintendent; to	make such r	eports to the State Superintend	ent and County S	Superintendent as are
Superintendent; and to provide a lic We also agree to refrain from sol	ensed, qualified and	approved driver to operate s	such vehicle a	s required by 20-10-103, MCA.	riigiiway ratiore	and the state
We understand that violations of this bus route.					olding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sl		•		, , ,	een Boards, 20-1	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.					County Transpo	ortation Committee in
I certify that this application for						
bus operates on the route as ap Signature - Chair, Board of Trustees	<u> </u>	unin the transportation se	ivice area a	ssigned by the County Tran	Date Date	mmtee.
County This Application for Registration				accordance with Section accordance with Section accordance with Section according to the section		
area assigned to it by the Coun	ty Transportation					
Signature - Chair, County Transport	ation Committee				Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.	nce with ven thou	n Title 20, ugh trans	Chapter 10, Part 1, portees of another le	MCA. Segal enti	School dis ty may ut	strict official must compliilize the services.	ete one forr			
<b>Due Dates</b> All Routes				To Cou Octobe	nty Supt	t To OPI October 1	5		ate Per Mile	
County Name			County Number		District	Name		Le	egal Entity Number	
Roosevelt			43			rtson Public Schoo		0	777 0778	
Route #	Length	h of Route	e (miles per day)		Type of	f Service □ Bus Rout □ Non Bus		R	ated Capacity	
4	179.2				Bus R	toute Mileage			48	
Vehicle I.D. #	L	icense #			District	: Owned ct - If so, Name of Own		ctor Ow		
2793	Е	3286				cted rate per mile	er Leo vv	alullaus	–	
Reimbursement Distribution- En	iter the l	legal enti			f state/co h budget		be paid to e	ach distri	ct. Note: Percentages	
Legal Entity	L	Legal Ent	ity	ust mate	Legal E		Leg	al Entity		
0777 0778			0778							
% 75.00			5.00		%		9,	%		
PASSENGER INFORMATION			ELEMENTARY	DIDED	`	HIGH SCHOO	L DIDEDO		TOTAL	
Number of Preschool/Kindergard riding this route	ten pupi	ils	(Grades Ph		5	(Grades			ELIGIBLE RIDERS	
			a NUMBEI	D		b NUMB	ED		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NOMBLI	IX.		INOMB	LIX		a · b	
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., u										
miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg		loro)						_		
Nonpublic School Riders (ineligible)	jarten nut	eis)								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees										
County T	ranspo	ortation C	Committee Approva	ıl as rec	uired in	accordance with Sect	ion 20-10-1	32, MCA.		
This Application for Registration area assigned to it by the Count	of Scho	ool Bus a	nd State Reimburser							
Signature - Chair, County Transporta	ation Con	mmittee					Date			



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven tnoug	yrı transpo	ortees of another legal e	nuty may u	ılıze the ser	vices.		Rate Per Mile
Due Dates				ounty Sup	t	To OPI		
All Routes	5		Octo	ber 1		October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Roosevelt			43	Wolf I	Point Publ	ic Schools		0780 0781
Route #	Length	of Route	(miles per day)	Type o		□ Bus Route Mile		Rated Capacity
5 Sped	19.8			Bus B	coute Mile	⊐ Non Bus Milea age	ge	15
Vehicle I.D. #	Lic	cense #		□ Distric			istrict Own	ed
9633	28	85			ct - If so, Na cted rate pe	me of Owner r mile		
Reimbursement Distribution- Er	nter the le	gal entity				rsement to be pa	id to each dis	strict. Note: Percentages
Legal Entity	I c	egal Entity		atch budget Legal E			Legal Entit	
0780	Lo	egai Littity		Legal L	inity		Legal Little	y
% 100.00		%		%			%	
PASSENGER INFORMATION		П	ELEMENTARY DIDE	DC	1 11/	GH SCHOOL RIE	VED C	TOTAL
Number of Preschool/Kindergar	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	.KS	П	Grades 9-12)		ELIGIBLE RIDERS
riding this route								
			а			b		С
Regular (include eligible Preschool/Kindergarten					NUMBER		a + b	
riders)  1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
, ,	10							
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd		re)						
Nonpublic School Riders (ineligible)		13)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this b	We further	certify that	this bus transports pupils e	ligible for sch	nool transporta	ation as defined by	20-10-101, MC	A
required; to provide a vehicle which Superintendent; and to provide a lice	meets the	minimum s	tandards as established by	the Board of	Public Educa	tion, the Montana ⊦	,	•
We also agree to refrain from sol	iciting or ca	ausing othe	ers to solicit students from o	ther transpor	tation areas.		-	
We understand that violations of this bus route.								
We agree that if this route crosse the school boards of both districts sh						e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	ccurring du	iring the sch	nool year require the filing o	f an amende	d TR-1 form a	nd approval of the	County Transpo	ortation Committee in
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		y and Will	mi uie uansportation se	vice died a	issiyiidu by	ine County ITAIIS	Date	mmucc.
			mmittee Approval as r					
This Application for Registration area assigned to it by the Count				nas been re	eviewed and	r certily that this	ous operates	within the transportation
Signature - Chair, County Transport	ation Comr	mittee					Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

### Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.15 County Name County Number District Name Legal Entity Number Roosevelt Wolf Point Public Schools 0780 0781 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage #2-Volt non 54 58 Non Bus Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6713 470 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0780 0781 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area accigned to it by the obtain, maneportation committee.	
Signature - Chair, County Transportation Committee	Date



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e									one form for e	each bus route that
<b>Due Dates</b> All Routes	s:	3	- 1	· ·	Cou	nty Sup		To OPI October 15		Rate Per Mile \$0.95
County Name				County Number		District	Name			Legal Entity Number
Roosevelt				43		Wolf F	Point Pub	olic Schools		0780 0781
Route #	Leng	gth of Ro	oute (	miles per day)		Type of	Service	<ul><li>□ Bus Route Mi</li><li>□ Non Bus Mile</li></ul>		Rated Capacity
#11 non	52					Non E	Bus Milea	age		47
Vehicle I.D. #		License A935			<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li> </ul>					
Reimbursement Distribution- Er	nter the	e legal e	entity		je o	f state/co	unty reimb		aid to each di	istrict. Note: Percentages
Legal Entity 0780	0 ,				nato	th budget Legal E			Legal Ent	ity
% 67.00 % 33.00			00		%			%		
PASSENGER INFORMATION		,,,			_					
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RID (Grades PK-8)	ER	5	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER	b NUMBER			b NUMBER		c a+b	
	Regular (include eligible Preschool/Kindergarten riders)			NOWBER				NOWBER		атр
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten r									
TOTAL RIDERS										
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								CA. Superintendent as are l and the State and county reimbursement for 0-10-126(2) MCA, signed by cortation Committee in		
I certify that this application for rouse operates on the route as ap	prove								sportation Co	
Signature - Chair, Board of Trustees	3								Date	
County This Application for Registration area assigned to it by the County	of Sc	hool Bu	s and							
Signature - Chair, County Transporta	ation Co	ommittee	)						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement e								one form for e	ach bus route that
		ough trans			, ,				Rate Per Mile
<b>Due Date</b> All Routes				ctobe	nty Supt r 1		To OPI October 15		\$1.15
County Name			County Number		District	Name			Legal Entity Number
Roosevelt			43		Wolf F	Point Pul	olic Schools		0780 0781
Route #	Lengt	th of Rout	e (miles per day)				□ Bus Route Mi		Rated Capacity
#1 Oswego B	84.2				Bus R	oute Mil	□ Non Bus Milea	age	53
Vehicle I.D. #		License #			District	Owned		District Owr	ned
3348		132				ct - If so, N cted rate p	Name of Owner per mile		
Reimbursement Distribution- Er	nter the	legal enti					oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal En	tity	matc	h budget Legal E			Legal Enti	ty
0780			0781						
% 67.00		% 3	33.00		%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pup	oils	ELEMENTARY RI (Grades PK-8		5	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/l riders)	Kinderga	arten	HOMBER				HOMBER		a · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	l Service	1							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderd Nonpublic School Riders (ineligible)		ders)							
TOTAL RIDERS									
TOTAL RIDERS									
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We furth ous and be meets the ensed, quiciting or the laws es districtional be a courring of the following the fol	ner certify the course of the	nat this bus transports pupi y the State Superintendent in standards as established d approved driver to operat thers to solicit students fror egulations governing school transports students from of the county superintendent's school year require the filin	ils eligi t; to ma I by the te such m othe ol trans utside s copy ng of an	ble for sch ake such ro Board of vehicle a transport sportation the district of this doon amended	ool transpore ports to the Public Educe s required be action areas. will be suffice to a copy of the comment. If TR-1 form	rtation as defined by a State Superintende cation, the Montana by 20-10-103, MCA.  . cient cause for withhouse the agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees	3							Date	
This Application for Registration	of Sch	ool Bus a							
area assigned to it by the Coun Signature - Chair, County Transport			Committee.					Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							e one form for e	ach bus route that	
Due Dates			•	•	inty Supt			Rate Per Mile	
All Routes				Octobe	r 1	October 15		\$1.15	
County Name			County Number		District	Name		Legal Entity Number	
Roosevelt			43		Wolf F	Point Public Schools		0780 0781	
Route #	Leng	th of Rout	e (miles per day)		Type of	f Service □ Bus Route N □ Non Bus Mil		Rated Capacity	
1 Oswego-A	84.2				Bus R	toute Mileage		53	
Vehicle I.D. #		License #		<ul><li>□ District Owned</li><li>□ Contract - If so, Name of Owner</li></ul>					
3348		132			Contra	cted rate per mile			
Reimbursement Distribution- En	iter the	e legal enti	ntity number and percentage of state/county reimbursement to be must match budget!				paid to each di	strict. Note: Percentages	
Legal Entity 0780		Legal En	tity 0781		Legal E	ntity	Legal Enti	ty	
3.63									
% 67.00 % 33.00			33.00		%		%		
PASSENGER INFORMATION		Т	ELEMENTARY	RIDERS	<u> </u>	HIGH SCHOOL I	RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu <sub>l</sub>	pils	(Grades Ph			(Grades 9-1		ELIGIBLE RIDERS	
			a NUMBEI	D		b NUMBER	)	c a + b	
Regular (include eligible Preschool/k riders)	Kinderga	arten	NOMBE	1		IVOMBEIV	<u> </u>	a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderg	jarten ri	iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees									
This Application for Registration	of Sch	hool Bus a	ind State Reimburser			accordance with Section eviewed and I certify that the			
area assigned to it by the Count Signature - Chair, County Transporta			Committee.				Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar	nce with	Title 20	Chanter 10 Part 1 MCA	4 S	chool dis	strict official	must complete o	ne form for e	ach hus route that
receives state reimbursement ev								no lonni loi C	
Due Dates			To (	ייים:	nty Supt		To OPI		Rate Per Mile
All Routes	·.			ober		•	October 15		\$1.36
				<del></del>					
County Name			County Number		District	Name			Legal Entity Number
Roosevelt			43				lic Schools		0780 0781
Route #	Length	n of Route	e (miles per day)		Type of		□ Bus Route Mile	J	Rated Capacity
1 Oswego	84.2				Bus R	oute Mile	□ Non Bus Milea age	ge	60
Vehicle I.D. #	L	icense #			District			istrict Owr	ed
9620	1	132				ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the I	egal enti	ty number and percentag	e of	state/co	unty reimbu	rsement to be pa	id to each dis	strict. Note: Percentages
		•	must n		n budget	!	<u> </u>		
Legal Entity 0780		_egal Ent	uty 0781		Legal E	ntity		Legal Enti	ry .
% 67.00		% 3	3.00		%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergart	ton nuni	ile	ELEMENTARY RID (Grades PK-8)	ERS		HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route	en pupi	115	(Glades FK-6)				(Grades 9-12)		ELIGIBLE RIDERS
		<u> </u>					h		
	a NUMB				b NUMBER				c a + b
tegular (include eligible Preschool/Kindergarten ders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u	ındor 2								
miles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg	arten ride	ers)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee.									
We agree to supervision of this bu required; to provide a vehicle which r									
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qu	ualified and	d approved driver to operate	such	vehicle a	s required by		,	
We understand that violations of t							ent cause for withho	lding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosses	s district	lines and t	transports students from outs	side t	he district	t, a copy of th	e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc	all be att	tached to t	the county superintendent's o	ору с	of this doo	cument.	· ·		
accordance with 20-10-132, MCA.									
I certify that this application for rebus operates on the route as ap									
Signature - Chair, Board of Trustees	<sub>F</sub> .5154	, and W	and adhoportunon of		ou a	- 5.5.10a by	County Trulle	Date	
			Committee Approval as						
This Application for Registration area assigned to it by the Count				t has	been re	viewed and	I certify that this	bus operates	within the transportation
Signature - Chair, County Transporta								Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.						one form for e	ach bus route that		
		agri transp	•				Rate Per Mile		
<b>Due Dates</b> All Routes				ounty Sup ber 1	t To OPI October 15		\$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Roosevelt			43	Wolf I	Point Public Schools		0780 0781		
Route #	Length	n of Route	(miles per day)	Type o	f Service   Bus Route M		Rated Capacity		
#11-Highway 13/201	76			Bus F	□ Non Bus Mile Route Mileage	eage	47		
Vehicle I.D. #	L	icense #		□ Distric	t Owned		Contractor Owned		
1483	Α	<b>A</b> 935			ct - If so, Name of Owner cted rate per mile	Wesley Vin	e 		
Reimbursement Distribution- En	ter the l	egal entity		e of state/co atch budge		oaid to each dis	strict. Note: Percentages		
Legal Entity	L	_egal Entit	ty	Legal E		Legal Enti	ty		
0780		Ü	781						
% 67.00 %			3.00	%		%			
PASSENGER INFORMATION			ELEMENTA DV. DIDE	·DO	111011 0011001 5	IDED0	TOTAL		
Number of Preschool/Kindergar	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-1		TOTAL ELIGIBLE RIDERS		
riding this route									
			a NUMBER		b NUMBER		c a+b		
	Regular (include eligible Preschool/Kindergarten				NOMBER		a i b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg		ers)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus wi	II operate	e entirely on	the route established by the	Board of Tri	ustees and within the transporta	ation area assign	ed and approved by the		
County Transportation Committee. \ We agree to supervision of this but	Ne furthe	er certify tha	at this bus transports pupils e	ligible for sch	nool transportation as defined b	y 20-10-101, MC	A.		
required; to provide a vehicle which required; to provide a vehicle which required to provide a lice							and the State		
We also agree to refrain from soli We understand that violations of the solutions of the solutions of the solutions of the solutions are solutions.	citing or o	causing oth	ers to solicit students from o	ther transpor	tation areas.		and county reimbursement for		
this bus route.  We agree that if this route crosse									
the school boards of both districts sh We understand route changes oc	all be atta	ached to th	e county superintendent's co	py of this do	cument.	,	( ) , , ,		
accordance with 20-10-132, MCA.									
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees						Date			
County T	ranspo	rtation C	ommittee Approval as i	equired in	accordance with Section	20-10-132. MO	CA.		
This Application for Registration area assigned to it by the Count	of School	ool Bus an portation (	d State Reimbursement						
Signature - Chair, County Transporta	ation Con	nmittee				Date			



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of							one form for e	each bus route that
Due Date			· ·	ounty Sup		To OPI		Rate Per Mile
All Routes	3		Octo			October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Roosevelt			43	Wolf I	Point Pub	lic Schools		0780 0781
Route #	Length of	Route	(miles per day)	Type o		☐ Bus Route Mil		Rated Capacity
#4 Wolf Creek	81.2			Bus F	Route Mile	□ Non Bus Milea eage	age	16
Vehicle I.D. #	Licer	ise#		□ Distric	Owned	(	Contractor	
2102	102 TD58				ct - If so, Na cted rate pe	ame of Owner [ er mile	David Allen	
Reimbursement Distribution- Enter the legal entity number and p				of state/co		ursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity Legal Entity 0780 0781				Legal E	ntity		Legal Enti	ity
0700		07						
% 67.00	9/	33.	00	%			%	
PASSENGER INFORMATION		T	ELEMENTARY RIDE	DS	ППП	GH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kinderga riding this route	rten pupils		(Grades PK-8)	NO.		(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/riders)	lar (include eligible Preschool/Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	dance							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
					<u> </u>			
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from some we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further ce bus and bus ro meets the mi lensed, qualifie liciting or caus the laws, rule es district lines hall be attache ccurring during	rtify that bute by the bute by the bute by the bute bute bute bute bute bute bute but	this bus transports pupils e he State Superintendent; to standards as established by approved driver to operate s ers to solicit students from out ulations governing school transports students from outsi e county superintendent's co hool year require the filing o	ligible for sch make such in the Board of uch vehicle a ther transpor ansportation de the district py of this do f an amende	nool transport eports to the Public Educa is required by tation areas. will be sufficient, a copy of the cument. d TR-1 form a	tation as defined by State Superintende ation, the Montana I v 20-10-103, MCA. ent cause for withhome agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20 County Transp	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by contation Committee in
I certify that this application for bus operates on the route as a	oproved by a							
Signature - Chair, Board of Trustee:	s <u> </u>						Date	
County This Application for Registration area assigned to it by the County	n of School E	Bus and						
Signature - Chair, County Transport	<u> </u>		·				Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e							one form for e	ach bus route that
receives state reimbursement e	even mougn t	iansp	ortees of another legal e	inity may	y utilize trie se	i vices.		Rate Per Mile
Due Date				ounty S	upt	To OPI		40.05
All Routes	5		Octo	ber 1		October 15		\$0.95
County Name			County Number	Distr	rict Name			Legal Entity Number
Roosevelt			43	Wo	If Point Pub	olic Schools		0780 0781
Route #	Length of F	Route	(miles per day)	Туре	e of Service	□ Bus Route Mil		Rated Capacity
#3 Dry Fork	78			Bus	s Route Mile	□ Non Bus Milea	age	35
Vehicle I.D. #	Licen	se#		T '	trict Owned		Contractor (	Dwned
6498	C33	0			ntract - If so, N ntracted rate p	lame of Owner Fer mile	Roy Toavs	
Reimbursement Distribution- En	nter the legal	entity				ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	l Entity		atch bud	get! al Entity		Legal Entit	·v
0780	5-		781	3-				
% 67.00	%	33	.00	%	6		%	
PASSENGER INFORMATION		Τ	ELEMENTARY RIDE	ERS	Н	IGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)			(Grades 9-12	)	ELIGIBLE RIDERS
			a			b		С
Regular (include eligible Preschool/Kindergarten			NUMBER					a + b
riders)  1st Wheelchair (WC)								
2nd Wheelchair (WC)								
, ,								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee.		,	,					
We agree to supervision of this be required; to provide a vehicle which	ous and bus rou	ute by t	the State Superintendent; to	make suc	ch reports to the	State Superintende	ent and County	Superintendent as are
Superintendent; and to provide a lic We also agree to refrain from so	ensed, qualifie	d and a	approved driver to operate s	such vehic	le as required b	y 20-10-103, MCA.	ingriway i allor	and the state
We understand that violations of							olding of state a	nd county reimbursement for
this bus route.  We agree that if this route crosse						he agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts s We understand route changes of						and approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		iu Will	пп ше папѕропацоп ѕе	i vice are	a assigned by	tile County Tran	Date Date	mmulee.
This Application for Registration	n of School B	us and						
area assigned to it by the Coun Signature - Chair, County Transport			Committee.				Date	
- 5		-						



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev									
<b>Due Dates</b> All Routes	<b>s</b> :			ounty Sup	t To OPI October 15		Rate Per Mile \$1.15		
County Name			County Number	District	Name		Legal Entity Number		
Roosevelt			43		Point Public Schools		0780 0781		
Route #	Length	of Route	(miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile	3 -	Rated Capacity		
#2-Volt	78.6			Bus F	Route Mileage	ŭ	54		
Vehicle I.D. #		icense #		<ul> <li>□ District Owned</li> <li>□ Contract - If so. Name of Owner</li> </ul>					
6713		70			cted rate per mile				
Reimbursement Distribution- En	ter the le	egal entity		e of state/co atch budge		aid to each dis	trict. Note: Percentages		
Legal Entity 0780	L	egal Entity_ 07	/ 781	Legal E	intity	Legal Entity	у		
						_			
% 67.00		% 33.	00	%		%			
PASSENGER INFORMATION			ELEMENTARY RIDE	-RS	HIGH SCHOOL RI	DERS	TOTAL		
Number of Preschool/Kindergard riding this route	ten pupil	Is	(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS		
		a NUMBER	b NUMBER		c a + b				
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance	,							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which r Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We furthe us and bu meets the ensed, qui citing or othe laws, s district I all be attacurring di	er certify that us route by the minimum shalified and a causing other rules or regulations and transched to the uring the sch	this bus transports pupils of the State Superintendent; to transport and the standards as established by proved driver to operate sets to solicit students from culations governing school transports students from outs to county superintendent's concol year require the filing of	eligible for solo o make such of the Board of such vehicle a other transportation ide the distriction opy of this do of an amende	nool transportation as defined by eports to the State Superintender Public Education, the Montana so required by 20-10-103, MCA. tation areas.  will be sufficient cause for withhout, a copy of the agreement between the course to the definition of the definition and approval of the	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in		
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees	Signature - Chair, Board of Trustees  Date								
County T This Application for Registration area assigned to it by the Count	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in a	accordance wi	ith Title 20	, Chapter 10, Part 1, MC	A School	district officia	I must complete o	one form for ea	ach bus route that	
			sportees of another legal				5110 101111 101 01	Rate Per Mile	
	ie Dates: Routes			County Su	pt	To OPI October 15		\$1.15	
	Noutes		-	iobei i		October 13			
County Name			County Number	Distri	ct Name			Legal Entity Number	
Roosevelt			43			lic Schools		0780 0781	
Route #	Leng	th of Rout	e (miles per day)	Туре		<ul><li>□ Bus Route Mil</li><li>□ Non Bus Milea</li></ul>	•	Rated Capacity	
#1A Special Ed B	42.6			Bus	Route Mile		53		
Vehicle I.D. #		License #	□ District Owned □ Contract - If so, Name of Owner			_	District Own	ed	
3348		132	□ Contracted rate per mile						
Reimbursement Distribu	tion- Enter the	e legal enti		ge of state/o		ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity		Legal En	tity		Entity		Legal Entit	у	
0780			0781						
% 50.00		% 5	50.00	%			%		
PASSENGER INFORMA	ATION				1				
Number of Preschool/Kill riding this route	ndergarten pu	pils	ELEMENTARY RID (Grades PK-8)		H	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a		b			С	
Regular (include eligible Preschool/Kindergarten			NUMBER			NUMBER		a + b	
riders)  1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC	C)								
Non-WC IEP Lists Trans as	Related Service	e							
TOTAL ELIGIBLE RIDE	RS								
Ineligible Public School Ride miles OR nonresident and r		3							
agreement) (Include ineligible Preschoo	l/Kindergarten ri	iders)							
Nonpublic School Riders (in									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees									
			Committee Approval as						
area assigned to it by the	e County Tran	nsportation		nt has been	reviewed and	a i certify that this	bus operates	within the transportation	
Signature - Chair, County T	ransportation Co	ommittee					Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•				
<b>Due Dates</b> All Routes	<b>:</b> :			ounty Sup	t <b>To OPI</b> October 15		Rate Per Mile \$1.15		
County Name			County Number	District	Name		Legal Entity Number		
Roosevelt			43		Point Public Schools		0780 0781		
Route #	Length o	of Route (	(miles per day)	Type of	Service   Bus Route Mi  Non Bus Mile	5 -	Rated Capacity		
#1A Special Edb	42.6			Bus R	toute Mileage	ŭ	53		
Vehicle I.D. #	13	cense#		<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li> </ul>					
Reimbursement Distribution- En	ter the le	gal entity		e of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity	Le	egal Entity		atch budget Legal E		Legal Entit	у		
0780		07	781		·				
% 50.00		% 50.	00	%		%			
PASSENGER INFORMATION		,, ,				,,			
Number of Preschool/Kindergart riding this route	en pupils	6	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER	b NUMBER		c a + b				
Regular (include eligible Preschool/Kindergarten riders)			HOMBER		HOMBER		u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance	re)							
Nonpublic School Riders (ineligible)	arten naer.	3)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from solid We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts show understand route changes occarcordance with 20-10-132, MCA.	We further out and bus and bus meets the rensed, qual citing or cathe laws, rus district linall be attact	certify that is route by the minimum is alified and a ausing other ules or regunes and traiched to the	this bus transports pupils of the State Superintendent; to tandards as established by pproved driver to operate sers to solicit students from culations governing school to insports students from outs a county superintendent's county superintendent superin	eligible for school make such return the Board of such vehicle a other transportation dide the districtory of this door such vehicle and the districtory of this door such as the districtory of	nool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA tation areas. will be sufficient cause for withhouse, a copy of the agreement between the superior of the super	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by		
I certify that this application for re	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees									
County T This Application for Registration					accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Signature - Chair, County Transporta			ommittee.			Date			
- J Silan, Starty Handporta	551111								



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea		
<b>Due Dates</b> All Routes				County Su ober 1	pt	<b>To OPI</b> October 15		Rate Per Mile \$1.36	
County Name			County Number	Distri	ct Name			Legal Entity Number	
Roosevelt			43	Wol	f Point Publi	c Schools		0780 0781	
Route #	Length o	f Route (	miles per day)	Туре		Bus Route Mil Non Bus Milea	•	Rated Capacity	
#1A Special Ed.	42.6			Bus	60				
Vehicle I.D. #	Lice	ense #		☐ District Owned District Owned					
9620	132	2		□ Contract - If so, Name of Owner     □ Contracted rate per mile					
Reimbursement Distribution- Er	nter the leg	al entity		ge of state/ natch budg		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Leg	gal Entity	1		Entity		Legal Entit	у	
0780		07	<sup>7</sup> 81						
% 50.00		% 50.	00	%			%		
PASSENGER INFORMATION			ELEMENTARY RID	EDC	1110	H SCHOOL RI	DEDE	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	EKS	niG	(Grades 9-12)		ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)			NOMBER			HOMBER		u v s	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees									
County	Franchorts	ation Co	mmittee Approval as	required	n accordance	with Section 3	0_10_132 MC	<u>·</u>	
This Application for Registration area assigned to it by the Count	of School ty Transpo	Bus and rtation C	State Reimbursemen				bus operates		
Signature - Chair, County Transport	ation Commi	ittee					Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ne form for ea	ach bus route that	
<b>Due Date</b> All Routes				County Sutober 1		<b>o OPI</b> October 15		Rate Per Mile \$1.57	
County Name			County Number	Distri	ct Name			Legal Entity Number	
Roosevelt			43	Broo	ckton Public S	Schools		0782 0783	
Route #	Length	h of Route	(miles per day)	Туре		Bus Route Mile		Rated Capacity	
1	225			Bus	Route Mileag	Non Bus Milea ge	ge 71		
Vehicle I.D. #	L	_icense #		□ District Owned District Owned					
7518	7	7536		<ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul>					
Reimbursement Distribution- Er	nter the I	legal entity		umber and percentage of state/county reimbursement to be pa must match budget!				trict. Note: Percentages	
Legal Entity 0782	L	Legal Entit			Entity		Legal Entit	у	
0702			703						
% 50.00		% 50	.00	%			%		
PASSENGER INFORMATION				===	1			70711	
Number of Preschool/Kindergar riding this route	ils	ELEMENTARY RID (Grades PK-8)		HIGH	l SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER			c a+b		
Regular (include eligible Preschool/Kindergarten			NOWBER	NOMBER NO				a i b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees									
County This Application for Registration			ommittee Approval as d State Reimbursemen						
area assigned to it by the Count	ty Trans	sportation (				1			
Signature - Chair, County Transport	auon Cor	mmtee					Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						plete one form for	each bus route that	
<b>Due Dates</b> All Routes				County Sup ober 1	ot To OPI October	15	Rate Per Mile \$0.95	
County Name			County Number	Distric	t Name		Legal Entity Number	
Roosevelt			43	Bain	ville K-12 Schools		0785	
Route #	Length of	Route	(miles per day)	Туре	of Service   Bus Rou	-	Rated Capacity	
1	106.2			Bus	□ Non Bus Route Mileage	s ivilleage	42	
Vehicle I.D. #	Licen	se#		□ District Owned District Owned				
4076	244			□ Contract - If so, Name of Owner     □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal	entity		e of state/onatch budge		be paid to each o	listrict. Note: Percentages	
Legal Entity	Lega	I Entity		Legal		Legal En	tity	
0785								
% 100.00	%	)		%		%		
PASSENGER INFORMATION	_							
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHO		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten			NOWBER	NUMBER			a i b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees								
orginature - Orian, board or trustees	•					Date		
County 1 This Application for Registration area assigned to it by the County	of School E	us and	State Reimbursement		n accordance with Sec reviewed and I certify th			
Signature - Chair, County Transporta	ation Committ	ee				Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even				•					
<b>Due Dates:</b> All Routes	:		ounty Supt ber 1	To OPI October 15		Rate Per Mile \$0.95			
County Name		County Number	District	Name		Legal Entity Number			
Roosevelt		43		ille K-12 Schools		0785			
Route #	Length of Route	e (miles per day)	Type of	Service   Bus Route Mi  Non Bus Mile	-	Rated Capacity			
	99.6		Bus R	oute Mileage	ŭ	36			
Vehicle I.D. #	License #		☐ District Owned☐ Contract - If so, Name of Owner☐						
7711	542		□ Contra	cted rate per mile					
Reimbursement Distribution- Ente	er the legal enti		of state/coatch budget		aid to each dis	trict. Note: Percentages			
Legal Entity 0785	Legal Ent		Legal E		Legal Entit	у			
0703									
% 100.00	%		%		%				
PASSENGER INFORMATION		ELEMENTARY RIDE	:DC	HIGH SCHOOL RI	DEDE	TOTAL			
Number of Preschool/Kindergarteriding this route	en pupils	(Grades PK-8)	:NO	(Grades 9-12		ELIGIBLE RIDERS			
		a NUMBER		b NUMBER		c a+b			
Regular (include eligible Preschool/Kii riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., urmiles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga	nce								
Nonpublic School Riders (ineligible)	interi fidera)								
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. W We agree to supervision of this bus required; to provide a vehicle which m Superintendent; and to provide a licen We also agree to refrain from solici We understand that violations of th this bus route.  We agree that if this route crosses the school boards of both districts sha We understand route changes occacordance with 20-10-132, MCA.	We further certify the sand bus route by seets the minimum used, qualified and iting or causing of see laws, rules or redistrict lines and full be attached to to	nat this bus transports pupils e y the State Superintendent; to n standards as established by d approved driver to operate s thers to solicit students from o egulations governing school tr transports students from outsi the county superintendent's co	eligible for sch make such r the Board of uch vehicle a ther transport ansportation de the distric- topy of this doc	pool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA tation areas. Will be sufficient cause for withher, a copy of the agreement between the superior of the agreement between the superior of the s	20-10-101, MC, ent and County S Highway Patrol a olding of state ar een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by			
I certify that this application for re bus operates on the route as app									
Signature - Chair, Board of Trustees									
County Tr This Application for Registration of area assigned to it by the County	of School Bus a	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this					
Signature - Chair, County Transportat					Date				



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								•	
		en thou				ilize the servio			ach bus route that Rate Per Mile \$0.95
County Name				County Number	District	Name			Legal Entity Number
Roosevelt				43	Bainv	ille K-12 Sc	chools		0785
Route #		Length	of Route	(miles per day)		Type of Service ☐ Bus Route Mileage			Rated Capacity
2		40			Bus R	□ Non Bus Mile Bus Route Mileage			36
Vehicle I.D. #		Li	icense #		□ District		•	istrict Own	ed
8769		5-	43			ct - If so, Nam cted rate per r			
Reimbursement D	istribution- En	ter the le	egal entity		ge of state/co		ement to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0785	j	L	egal Entit		Legal E			Legal Entit	y
% 100.00	0		%		%			%	
PASSENGER INF	FORMATION								_
Number of Presch riding this route	nool/Kindergart	ten pupil	ls	ELEMENTARY RID (Grades PK-8)		HIGH	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER		b NUMBER			c a + b
Regular (include eligible Preschool/Kindergarten riders)			ten	Nomber (16mb			NOMBER		4 - 5
1st Wheelchair (WC)	)								
2nd Wheelchair (WC	<b>(</b> )								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists T	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Sch miles OR nonresider									
agreement) (Include ineligible Pr	eschool/Kinderg	arten ride	ers)						
Nonpublic School Ri	ders (ineligible)								
TOTAL RIDERS									
County Transportation We agree to superequired; to provide a Superintendent; and We also agree to We understand the this bus route. We agree that if the school boards of We understand reaccordance with 20-	on Committee. Vervision of this but a vehicle which reto provide a lice refrain from solinat violations of this route crosses both districts shoute changes oc 10-132, MCA.	We further us and but meets the ensed, quactifing or countried the laws, resident all be attacurring du	r certify that is route by the minimum set alified and a causing other rules or regulates and transched to the uring the sc	ansports students from out e county superintendent's hool year require the filing	eligible for sch to make such r by the Board of such vehicle a other transpor transportation side the distric copy of this do of an amende	nool transportation eports to the State Public Education serequired by 20 tation areas. Will be sufficient to a copy of the accument.	on as defined by ate Superintende in, the Montana Ho-10-10-103, MCA.  cause for withhous agreement between the disproval of the	20-10-101, MC nt and County s dighway Patrol olding of state a een Boards, 20- County Transpo	A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
				ool bus and state reimb hin the transportation s					edge and belief, and the mmittee.
Signature - Chair, Bo	Signature - Chair, Board of Trustees  Date								
This Application for area assigned to i	or Registration	of Scho	ol Bus an						CA. within the transportation
Signature - Chair, Co								Date	



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance	with Title 20, (	Chapter 10, Part 1, MCA	. School dis	strict official must complete	one form for ea	ach bus route that		
receives state reimbursement even t	though transp	· ·	, ,			Rate Per Mile		
<b>Due Dates:</b> All Routes			ounty Supt ber 1	t <b>To OPI</b> October 15		\$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Roosevelt		43	Bainvi	ille K-12 Schools		0785		
	ngth of Route	(miles per day)		Service   Bus Route Mi		Rated Capacity		
4 67	.6		Bus R	□ Non Bus Mile coute Mileage	age 42			
Vehicle I.D. #	License #		□ District	<u> </u>	District Own			
6450	526	<ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul>						
Reimbursement Distribution- Enter the	he legal entity				aid to each dis	trict. Note: Percentages		
Legal Entity	Legal Entity		atch budget Legal E		Legal Entit	у		
0785								
% 100.00	%		%		%			
PASSENGER INFORMATION	,,		,,		,,,			
Number of Preschool/Kindergarten priding this route	oupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
Training and roads								
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kinde riders)	rgarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Serv	ice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance								
agreement) (Include ineligible Preschool/Kindergarten								
Nonpublic School Riders (ineligible)	i nidolo)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for								
this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by								
the school boards of both districts shall be We understand route changes occurring	e attached to the	e county superintendent's co	ppy of this do	cument.		, , , , ,		
accordance with 20-10-132, MCA.  I certify that this application for regis								
bus operates on the route as approv Signature - Chair, Board of Trustees	ed by and wit	hin the transportation se	rvice area a	ssigned by the County Tran	sportation Cor	nmittee.		
This Application for Registration of S	school Bus an	d State Reimbursement		accordance with Section eviewed and I certify that this				
area assigned to it by the County Tra Signature - Chair, County Transportation		Johnmillee.			Date			



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e										
<b>Due Date</b> All Routes					County Subber 1	upt	<b>To OPI</b> October 15		Rate Per Mile \$1.15	
County Name			County	y Number	Distri	ict Name			Legal Entity Number	
Roosevelt			43			d Public S			0786 0787	
Route #	Lengt	th of Ro	ute (miles pe	er day)	Туре	of Service	<ul><li>☐ Bus Route Mil</li><li>☐ Non Bus Miles</li></ul>		Rated Capacity	
4	74				Bus Route Mileage				54	
Vehicle I.D. # 5178		License 480	e #		<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li> </ul>					
Reimbursement Distribution- Er	nter the	legal ei	ntity number		e of state/	county reimb		aid to each dis	strict. Note: Percentages	
Legal Entity 0786		Legal E	Entity 0787	must m	Lega	get! I Entity		Legal Entit	у	
% 61.00		%	39.00		%			%		
PASSENGER INFORMATION  Number of Preschool/Kindergar riding this route	rten pur	pils		MENTARY RIDE (Grades PK-8)	ERS	Н	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	l Service	9								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)								
TOTAL RIDERS										
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick. We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts she we understand route changes or accordance with 20-10-132, MCA.	We furth bus and to meets the ensed, quiciting or the laws es distriction	ner certify bus route he minim qualified a r causing s, rules or ct lines ar uttached t	that this buse by the State sum standards and approved others to solid regulations good transports so the county see that the state of the county see that the state of the st	transports pupils of Superintendent; to as established by driver to operate so cit students from o poverning school to students from outs superintendent's or	eligible for a make such the Board such vehicle other transpransportations and the distopy of this	school transports to the of Public Educe as required boortation areas on will be sufficient, a copy of the document.	rtation as defined by a State Superintende cation, the Montana by 20-10-103, MCA	20-10-101, MC, ent and County S Highway Patrol a olding of state are een Boards, 20-	A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by	
I certify that this application for bus operates on the route as ap										
Signature - Chair, Board of Trustees		. ,					,	Date		
County This Application for Registration area assigned to it by the County	of Sch	nool Bus	and State F	Reimbursement			ce with Section 2 ad I certify that this			
Signature - Chair, County Transport	•	_		<del></del>				Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in asserdan	oo with Title	20 Chapter 10 Dart 1 MC	CA C	shool die	triat official must complete	ana farm far a	ash hua route that			
This form is required in accordance receives state reimbursement ever										
Due Dates:	:	То	Coun	nty Supt	To OPI		Rate Per Mile			
All Routes			ctober		October 15		\$0.95			
County Name		County Number		District	Name		Legal Entity Number			
Roosevelt		43		Froid	Public Schools		0786 0787			
	Length of Ro	oute (miles per day)			Service   Bus Route Mi	•	Rated Capacity			
1	128			Bus R	□ Non Bus Mile oute Mileage	age	42			
Vehicle I.D. #	License	e #		District Owned District Owned						
1636	7419	9 Contract - If so, Name of Own								
Reimbursement Distribution- Ente	er the legal e			state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages			
Legal Entity	Legal I			n budget Legal E		Legal Entit	v			
0786		0787		J	,	o o				
% 35.00	%	65.00		%		%				
PASSENGER INFORMATION	/0	03.00		/0		/0				
Number of Preschool/Kindergarte	an nunile	ELEMENTARY RII (Grades PK-8			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
riding this route		(Clades I IV o	<i>3</i> )		(014465 5 12	,	ELIGIBLE RIBERG			
		а		b			С			
Regular (include eligible Preschool/Kir	ndergarten	NUMBER			NUMBER		a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related S	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar										
agreement) (Include ineligible Preschool/Kindergal										
Nonpublic School Riders (ineligible)	,									
TOTAL RIDERS										
We hereby certify that this bus will										
County Transportation Committee. We agree to supervision of this bus	s and bus route	e by the State Superintendent	t; to mak	ke such r	eports to the State Superintend	ent and County S	Superintendent as are			
required; to provide a vehicle which me Superintendent; and to provide a licen	nsed, qualified	and approved driver to operate	te such	vehicle a	s required by 20-10-103, MCA.	Highway Patrol a	and the State			
We also agree to refrain from solici We understand that violations of the						olding of state a	nd county reimbursement for			
this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by										
We understand route changes occเ	he school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for re-	•				•	•	•			
bus operates on the route as app Signature - Chair, Board of Trustees	roved by and	d within the transportation	service	e area a	ssigned by the County Tran	sportation Cor	nmittee.			
County Tr. This Application for Registration of area assigned to it by the County	of School Bu	s and State Reimburseme			accordance with Section and I certify that this					
Signature - Chair, County Transportati						Date				



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex								ne form for e	ach bus route that	
Due Dates: All Routes				To County Supt October 1			To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number		District Name				Legal Entity Number	
Roosevelt			43		Froid Public Schools				0786 0787	
Route # Length of Ro			Route (miles per day)		Type of Service ☐ Bus Route Mil				Rated Capacity	
3 120						Bus Route Mileage			48	
Vehicle I.D. # License					<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> </ul>					
4722 270						cted rate pe				
Reimbursement Distribution- En	iter the lega	al entity			f state/co h budget		rsement to be pa	id to each dis	strict. Note: Percentages	
o ,		gal Entity 0787		ate	Legal Entity		Legal Entity			
0786		0767								
% 57.00	% 57.00 %		43.00		%			%		
PASSENGER INFORMATION			ELEMENTARY RIC	)ER9	3	Г ни	GH SCHOOL RII	DERS.	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)		,		(Grades 9-12)		ELIGIBLE RIDERS	
			a NUMBER				b NUMBER		c a + b	
Regular (include eligible Preschool/K riders)	Kindergarten									
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)										
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees										
<u> </u>										
This Application for Registration area assigned to it by the Count	of School y Transpor	Bus and tation C						bus operates		
Signature - Chair, County Transportation Committee								Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This farms is required in accordan		I- 00 (	Chantar 40 Dart 4 MCA	Cabaald	atriat afficial movest as more			
This form is required in accordance receives state reimbursement evaluations.						ete one iorin ior e		
Due Dates:			To C	ounty Sup		Rate Per Mile		
All Routes			Octo	ber 1	October 15	j	\$1.15	
County Name			County Number District Name				Legal Entity Number	
Roosevelt			43	Froid	Public Schools		0786 0787	
		Route	oute (miles per day)		f Service   Bus Route	•	Rated Capacity	
2 158					□ Non Bus Noute Mileage	Mileage	54	
Vehicle I.D. # License				□ Distric	t Owned	ned		
2937 471								
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage								
Legal Entity	al Entit	must mate		t! Entity	Legal Enti	Legal Entity		
0786			0787				,	
% 54.00 %		46.00		0/_	%		%	
PASSENGER INFORMATION	/	0 40	.00	70		70		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades S		TOTAL ELIGIBLE RIDERS	
			(0.00001.110)		(0.0000 0 12			
			а		Ь	-D	C	
Regular (include eligible Preschool/k	Kindergarten		NUMBER		NUMBE	:K	a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance								
agreement) (Include ineligible Preschool/Kindergarten riders)								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the								
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State								
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.								
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.								
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.								
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	WIL	are danoportation se		acception by the county i	Date			
County T	Tranene +te+	ion C	ommittee Approval so	oguirod i-	accordance with Secti	on 20-40 422 M	<u> </u>	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta						Date		